

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048520

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

164

Primary Registration District No.

3032

Registrar's No.

182

STATE FILE NUMBER

FILED JAN 8 1964

1. PLACE OF DEATH

a. COUNTY

Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Warrensburg

Length of stay in 1b

73 Yrs.

c. CITY

Warrensburg

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR Johnson County Memorial Hospital

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS 129 E. Culton

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
Agustus Elizabeth Grainger

4. DATE OF DEATH Month Day Year
December 31, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/4/1880

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Tennessee

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Willard

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE
Benjamin Grainger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Gearlene Roberts-Centerview, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Labor Pneumonia

INTERVAL BETWEEN ONSET AND DEATH
20 days

DUE TO (b)

Chronic Myocarditis

1 yr

DUE TO (c)

Advanced Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-5-58 to 12-31-63 and last saw her alive on 12-31-63

Death occurred at 10:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

James M. Holmberg MD

22b. ADDRESS

Holden, Mo.

22c. DATE SIGNED

1-1-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 2, 1964

23c. NAME OF CEMETERY OR CREMATORY

Sunset Hill Cemetery

23d. LOCATION (City, town, or county)

Warrensburg, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

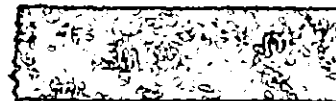
Sweeney-Phillips-Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

Jan. 1, 1964

26. REGISTRAR'S SIGNATURE

Savannah Hutchfield



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3878P. O. Address Warrensburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.